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| Attorney Docket No.: 741014.1032 | |
|---|-------------------------------|
| First Named Inventor: Roberta MASINI | |
| Title: ADJUSTABLY TILTABLE INTERDENTAL TOOTHBRUSH | |
| APPLICATION ELEMENTS: | |
| [X] Applicant claims small entity status [X] Specification, Claims and Abstract [Total Pages: 8] [X] Formal Drawing(s) [Total Sheets: 2] [X] Declaration and Power of Attorney [Total Pages: 2] a. [X] Newly executed (original or copy) b. [] Copy from a prior application i [] Deletion of inventor(s) (signed statement attached de inventor(s) named in the prior application) [] Application Data Sheet | leting |
| ACCOMPANYING APPLICATION PARTS: | |
| 6. [] Assignment Papers (cover sheet & document(s)) Assignee: a. [] Newly executed (original or copy) b. [] Copy from a prior application 7. [] Information Disclosure Statement (IDS) [] Copies of IDS Cita 8. [X] Preliminary Amendment 9. [X] Return Receipt Postcard 10. [] Certified Copy of Priority Document(s) [] English Translatio 11. [X] Other:Letter Re Priority | tion(s) . n Document(s) |
| IF A CONTINUING APPLICATION: | |
| [] Continuation [] Divisional [] Continuation-in-part (CIP) of prior application information: Examiner: Great Continuation of prior application information of prior application information of prior application information of prior application of prior | |
| METHOD OF PAYMENT: | |
| [X] The Commissioner is hereby authorized to charge indicated fees an Deposit Account Number: <u>50-0518</u> Deposit Account Name: <u>Steinberg & Raskin, P.C.</u> | d credit any overpayments to: |
| [X] Charge any additional fee required under 37 CFR 1.16 and 1.1 | 7 |
| 2 [X] Payment Enclosed | |

[] Credit Card [] Money Order [] Other [X] Check

FEE CALCULATION:

1. Basic Filing Fee

Basic Filing Fee - Design

| Fee Description | Fee Paid |
|-----------------|----------|
| | \$385.00 |

Subtotal (1): \$385.00

| 2. Extra Claim Fees: | | | | | | | |
|---|---|---------------------------|------------------|-------|-------------------|---------|-------------|
| | | | Extra Claims | | Fee | | Fee Paid |
| Total Claims | 9 | - 20 = | 0 | x | \$9.00 | = | \$0.00 |
| Independent Claims | 1 | - 3 = | 0 | x | \$43.00 | = | \$0.00 |
| Multiple Dependent | | | | | | = | N/A |
| | | | | | | | |
| | | | | | Subtotal | (2): | \$0.00 |
| 3. Additional Fees: | | | | | , | | |
| | F | ee Descrip | tion | | | | Fee Paid |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Subtotal | (3): | \$ |
| | | | | Total | Amount of Paym | nent: | \$385.00 |
| CORRESPONDENCE AI | DDRESS: | | | | | | |
| Grant E. Pollack, Esq. Steinberg & Raskin, P.C. 1140 Avenue of the Amer New York, NY 10036-580 PRACTITIONER(S) OF I | 03 | | | | | | |
| [X] Customer Number 213 | <u>831</u> | | | | | | |
| SUBMITTED BY: | | | | | | | |
| Name: Grant E. Pollaci | k, Esg. | | | Reg | istration Number: | : _34,0 |)97 |
| Signature: | FE ME | Dad | | Date | e: April 8, 2004 | | |
| | | CERTIFIC | CATE OF MAILI | NG | | | |
| Express Mail Label No.: _ | EV 333147642 | <u>US</u> | | | | | |
| Date of Deposit: April 8 | 8, 2004 | | | | | | |
| Grant E. Pollac | essee" service und amissioner for Paternal Communications of the Communications of the Communication of the Commun | der 37 CFR tents, P.O. | 1.10 on the date | indic | ated above in an | envelo | |

\$2.